FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: Expires: Estimated average burden hours per response



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
	ļ							
DAT	E RECEIVED							

Name of Offering (□ check if this is an a		The state of the s							
SITEL Worldwide Corporation Class (RECORDO								
Filing Under (Check box(es) that apply):	OE ,	0.00							
Type of Filing: ☑ New Filing ☐ Amend	ment					SEP 2 8 2007			
	A. BAS	SIC IDENTIF	ICATIO:	N DATA		3			
1. Enter the information requested about t	he issuer					1083 i			
Name of Issuer (check if this is an ame	endment and name has	changed, and i	ndicate ch	ange.)					
SITEL Worldwide Corporation						·			
Address of Executive Offices	(Ni	umber and Stre	et, City, S	State, Zip Code)	Telephone	Number (Including Area Code)			
Two American Center, 3102 West End	Avenue, Suite 1000, N	ashville, Tent	iessee 373	03	(615) 301-	1-7100			
Address of Principal Business Operations	Number (Including Area Code)								
(if different from Executive Offices)									
Brief Description of Business					ĺ	CCT 0 3 2017.			
Outsourced customer care services					<u> </u>				
Type of Business Organization						THOMSON			
	limited partnership	o, already form	ed	Other (please speci	_{ify):} FINANCIAL			
☐ business trust	limited partnership	, to be formed							
		Month	Year						
		09	98	☑ Actual □	Estimated				
Actual or Estimated Date of Incorporation	or Organization:	y 2	2 2	E Actual C	Lamiated				
Jurisdiction of Incorporation or Organizat	ion:	(Enter two	-letter U.S	. Postal Service	abbreviation	for State: D E			
		CN for Car	nada: FN i	or other foreign	jurisdiction)				

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Garner, David	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual).	
Carlson, Chad	
Business or Residence Address (Number and Street, City, State, Zip Code)	_
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Casteel, Julie	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	···
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Saville, Dale	
Business or Residence Address (Number and Street, City, State, Zip Code)	
SITEL Worldwide Building 600, Leavesden Park, Hercules Way, Watford Hertfordshire WC25 7GS, United Kingdom	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual) Jantzi, Craig	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Beckman, Jr., David L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Stone, Paul R.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or	Managing Partner
Full Name (Last name first, if individual)	
Harbison, Tom	
Business or Residence Address (Number and Street, City, State, Zip Code)	
5445 La Sierra, Suite 107, Dallas, TX 75231	

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		A. BASIC IDENTI	FICATION DATA (Co	nt'd)	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	ndividual)				
Mersky, Seth					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	ie)		·
161 Bay Street, 49th Floor, To	ronto, Canada N	15J 2SI			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	ndividual).		•		
Hirsch, David					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	ie)		
161 Bay Street, 49th Floor, To	oronto, Canada N	15J 2S1			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	individual)				
Melchior, Lisa					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
One Adelaide Street East, Su	ite 2800, Box 198	, Toronto, Canada M50	C 2V9	<u> </u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	ndividual)				
Powell, Keith					<u></u>
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
230 Winterbourne Gate, Mis	sissauga, Ontario	L5B 1S9 Canada			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	individual)				
Tolbert, Pat		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
12 Wicklow Drive, Hilton He	ad, South Caroli	na 29928			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partne
Full Name (Last name first, if i	individual)				
Frost, Martin					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
), Washington, D	C 20004-1206			
555 12th Street NW, Suite 710				☐ Director	☐ General and/or Managing Partne
555 12th Street NW, Suite 710 Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	Coloral and or ividiaging ratio

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B. INFORMATION ABOUT OFFERING														
													Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										🗆	X			
	Answer also in Appendix, Column 2, if filing under ULOE													
2. What is the minimum investment that will be accepted from any individual?											\$ N/A			
											Yes	No		
3.	3. Does the offering permit joint ownership of a single unit?										🗆	X		
4.												ed		
Full Nam	e (Last n	ame first, i	if individua	ત્રી)										
N/A														
Business	or Reside	ence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Name of	Associate	ed Broker	or Dealer											
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers	•		<u>.</u>				
(Che	eck "All S	States" or	check indiv	vidual State	es)	•••••	•••••	•••••				🗆 A	Il States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	ΓΝЛ	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[עדו]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam			if individua		. ,	. ,	. ,			. ,				
Business	or Reside	ence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Name of	Associate	ed Broker	or Dealer											
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers							
(Che	eck "All S	States" or	check indiv	vidual State	es)							🗆 A	Il States	
	[AL]	[AK]	[AZ]	[AR],	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[11.]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[[1/]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[ປັ້າ]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Full Nam	e (Last n	ame first, i	f individua	ની)										
Business	or Reside	ence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Name of	Associate	ed Broker	or Dealer											
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to So	licit Purch:	asers							• • • • • • • • • • • • • • • • • • • •
									******		******		Il States	
([AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[K1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	800	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	C	Aggregate Offering Price	A	mount Already Sold
	Debt	S	-0-	s	-0-
	Equity			<u> </u>	116,352
	☑ Common □ Preferred				
	Convertible Securities (including warrants)	<u>s</u>	-0-	<u>\$</u>	-0-
	Partnership Interests	<u>s</u>	-0-	<u>\$</u>	-0-
	Other (Specify)	<u>s</u>	-0-	<u>s</u>	-0-
	Total	<u>s</u>	116,352	<u>s</u>	116,352
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	I	Aggregate Pollar Amount of Purchases
	Accredited Investors	_	7	<u>s</u>	116,352
	Non-accredited Investors	_	-0-	<u>s</u>	-0-
	Total (for filings under Rule 504 only)	_	N/A	<u>s</u>	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	Ι	Oollar Amount Sold
	Rule 505	_		<u>s</u>	
	Regulation A	_		<u>s</u>	
	Rules 504	_		<u>s</u>	
	Total			<u>s</u>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			<u>s</u>	-0-
	Printing and Engraving Costs			<u>s</u>	-0-
	Legal Fees		<u>X</u>	5	10,000
	Accounting Fees			s	-0-

-0-

10,000

total exp	penses furnished in response to Part C	aggregate offering price given in response to Part C- Questi - Question 4.a. This difference is the "adjusted gross proce	eds to the				<u>\$</u>	10	<u>6,352</u>
5.									
						Payments to Officers, Directors, & Affiliates		Pa	ayments to Others
	Salaries and fees		•••••		<u>\$</u>	-0-		<u>s</u>	<u>-0-</u>
	Purchase of real estate				<u>s</u>	-0-		<u>s</u>	-0-
	Purchase, rental or leasing and insta	allation of machinery and equipment			<u>\$</u>	-0-		<u>\$</u>	-0-
	Construction or leasing of plant bui	ldings and facilities			<u>\$</u>	-0-		<u>\$</u>	-0-
		cluding the value of securities involved in this offering that necurities of another issuer pursuant to a merger)			<u>\$</u>	-0-		<u>s</u>	<u>-0-</u>
	Repayment of indebtedness		•••••		<u>\$</u>	-0-		<u>s_</u>	-0-
	Working capital		•••••		<u>\$</u>	-0-	X	<u>\$</u>	106,352
	Other (specify):		•••••		<u>\$</u>	-0-		<u>s</u>	-0-
	Column Totals				<u>s</u>	-0-	X	<u>s</u>	106,352
	Total Payments Listed (column tota	als added)	***************************************			⊠ <u>\$10</u>	6,35	2	
		D. FEDERAL SIGNATURE							
constitu	tes an undertaking by the issuer to fur	gned by the undersigned duly authorized person. If this notinish to the U.S. Securities and Exchange Commission, upon investor pursuant to paragraph (b)(2) of Rule 502.							
	Print of Type) Worldwide Corporation	Signature	Date Septem	ber	25,	2007			
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)							
Terence	e Leve	Deputy Chief Legal Officer and Assistant Secret	ary						
			·						
		ATTENTION							
	Intentional misstatem	ents or omissions of fact constitute federal criminal viola	tions. (S	ee	18 U	.S.C. 1001.)			·

